



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

MEMO: Update

FROM: Cynthia B. Jones, Acting Director
Department of Medical Assistance Services

DATE: 7/14/2010

SUBJECT: Update to the Physician/Practitioner Provider Manual, Appendix D

The purpose of this memorandum is to update providers regarding changes to Appendix D of the Physician/Practitioner Manual. Please also refer to the Medicaid Memo titled *Notice of Service Authorization Requirements for Outpatient Rehabilitation Services Provided by Physicians and Professionals – Effective August 1, 2010*, for more information.

The attached table shows the changes. Please download the new appendix to insert into your provider manual and retain the attached table.

Amendments to Appendix D:

- Inform physicians and professionals that, effective August 1, 2010, outpatient rehabilitation service authorization (SA) is required prior to service delivery and claims submission after the initial five units in the state fiscal year.
- Service authorization is to be obtained through KePRO, the service authorization contractor for the Department of Medical Assistance Services (DMAS).
- Outpatient rehabilitation agencies, comprehensive outpatient rehabilitation facilities (CORF), physicians and professionals shall use the DMAS designated CPT codes.
- Providers enrolled as “general hospital, in state” shall use the DMAS designated revenue codes when requesting service authorization.
- Terminology changes made throughout Appendix D. See DMAS Memo dated January, 5, 2010.

Please review the Appendix D changes carefully.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered, contact the vendors. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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ALTERNATE METHODS TO LOOK UP INFORMATION

Starting August 1, 2009, DMAS authorized users will have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and not only for the one procedure code that is entered. This is to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Attached Number of Pages: (1)

**PHYSICIAN/PRACTITIONER MANUAL
REVISION CHART
July 14, 2010**

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Appendix D	Appendix D	Entire Section	Appendix D	7/14/2010

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Appendix D	Old Appendix D	New Appendix D	